THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH) : (a) Yes, Sir.

(b) An action plan for control of Diarrhoeal disease including other water borne diseases in Delhi has been drawn up by Delhi Administration and circulated to all concerned agencies to ensure that these agencies attend to health care programme with full vigour and due attention. The status of water supply, cholorine content, garbage disposal, supply of ORS/ Cholorine is monitored by all the agencies and once a month within Delhi Administration, where joint inspection reports are considered and follow-up maintained.

Testing of High-Tech Killed Polio Vaccines

887. SHRIMATI VEENA VERMA :

SHRI KAPIL VERMA :

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that high-tech injectible-Killed Polio Vaccine (KPV) is under testing in India ;

(b) if so, what are the details thereof ;

(c) whether Government are considering proposal to replace Oral Polio Vaccine (OPV) with KPV ;

(d) if so, the details thereof and if not what are the reasons therefor ;

(e) whether it is a fact that there is high percentage of drop out in OPV programme which requires about 10 doses for effectivity ; and

(f) if so, what are the details thereof ?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH) : (a) and (b) A feasibility study on use of a high tech injectable-killed Polio Vaccine is being conducted in the North Arcot District of Tamil Nadu. This study is supported by ICMR, and being conducted by Christian Medical College (CMC), Vellore. In one half of the North Arcot District, KPV is administered to children as Quadruple vaccine i.e. in combination with Diphtheria, Pertusis and Tetanus (DPTP) in a 3 dose schedule at 2, 4, 9 months after birth. As a control, in other half of the North Arcot District, Oral Polio Vaccine is given to infants in a 3 dose schedule at 6, 10 and 14 weeks after birth.

(c) and (d) There is no proposal to replace Oral Polio Vaccine (OPV) with KPV as OPV is the vaccine of choice for eradication of poliomyelitis. The advantages of using OPV include its efficacy in replacing wild virus with vaccine virus in the environment low cost and ease of administration. OPV alone can be used in control of out-breaks of poliomyelitis to prevent further spread of disease. Due to these advantages of OPV vis-a-vis KPV, and the success achieved in eradicating Poliomyelitis in many European and Latin American countries with OPV. WHO also recommends exclusive use of OPV for eradication of poliomyelitis in developing countries.

(e) and (f) At present, 3 doses of OPV are given to children at 6, 10 and 14 weeks after birth. An additional booster dose is given after 12 months of the completion of 3 dose primary schedule. Children born in institutions are given one additional dose of OPV at birth. This schedule is effective in controlling Poliomyelitis. Average drop out rate between 1st and 3rd doses of OPV, calculated from the reported data was 10.1 per cent in 1990-91. While moving from the stage of control to eradication of poliomyelitis, additional doses of OPV are also given while undertaking mopping up measures in high risk pockets and containment measures in response to out breaks of Poliomyelitis.

Health Care Scenario

888. SHRI S. S. AHLUWALIA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that the health care Scenario in the country registered

improvement since the conclusion of the Seventh Five Year Plan, if so, its comparison with that prevailing at the conclusion of the preceding plan period ;

(b) the comparative details of Population : Doctor, Population : Hospital bed and Population, Nurse ratios separately for urban and rural sector, as stood at the end of 1970, 1975, 1980, 1985 and 1991 ;

(c) the comparative details State-wise allocation of grants provided under the Family Welfare heads during the respective periods mentioned in part (b) ; and

(d) the expenses incurred by the Government on various Central Government health projects during the corresponding period ?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH) : (a) to (d) The information is being collected and will be laid on the table of the House.

Trials for New Drug Treatment for Leprosy

889. SHRI VIREN J. SHAH : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether it is a fact that the World Health Organisation officials in Geneva have expressed 'surprise' over a New Delhi report that India has not offered itself for trials for the New drug treatment for leprosy because of 'lack of information on the safety and toxicity of the drug' ;

(b) if so, what is the correct position and what is Government's reaction in this regard ; and

(c) what steps Government have taken so far for the eradication of leprosy in the country and with what results ?

THE MINISTER OF HUMAN RESOURCE DEVELOPMENT (SHRI ARJUN SINGH) : (a) and (b) The Government of India have already recommended to WHO for trials of the new drug 'O floxecin' in the treatment of leprosy patients in India (at 12 selected centres).

(c) The Government have launched National Leprosy Eradication Programme with an aim to achieve arrest of transmission of disease by 2000 A.D. 201 endemic districts with prevalence of 5 and more per thousand of population have been brought under Multi Drug Therapy. Health education activities have been stepped up. Action is also initiated to provide adequate physical rehabilitative services to leprosy patients to make them socially useful. There has been a significant reduction of over 50 per cent in the leprosy case in the country due to the programme.

अखिल भारतीय आयुर्विज्ञान संस्थान द्वारा अनुसंधान कार्य

890. **श्री प्रभेद महाजन** : क्या स्वास्थ्य और परिवार कल्याण मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या अखिल भारतीय आयुर्विज्ञान संस्थान में स्वदेशी चिकित्सा पद्धतियों के अनुसंधान और विकास के लिए कोई कार्य हो रहा है ;

(ख) यदि हां, तो तत्संबंधी ब्यौरा क्या है ; और

(ग) यदि नहीं, तो क्या स्वदेशी चिकित्सा पद्धतियों के अनुसंधान और विकास के लिये कोई योजना प्रस्तावित है ?

मानव संसाधन विकास मंत्री (श्री अर्जुन सिंह) : (क) से (ग) अखिल भारतीय आयुर्विज्ञान संस्थान का संबंध बुनियादी रूप से आधुनिक चिकित्सा में अनुसंधान कार्य से है । तथापि, संस्थान में प्रायोजित परियोजनाओं के माध्यम से जड़ी-बूटी भेषजगुण विज्ञान, जड़ी-बूटी रसायन विज्ञान और जड़ी-बूटी उपचारों के क्लिनिकल मूल्यांकन के क्षेत्र में कुछ अनुसंधान परियोजनाएं शुरू की गई हैं ।